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# Auto Insurance Declarations Page

<b>Policy Number</b> TCMKH3HGUP  <b>Policy Period</b> From 02/10/2024 12:01AM To 08/10/2024 12:01AM  <b>Underwritten By</b> 21st Century Casualty Company 3 Beaver Valley Road Wilmington, DE 19803	<b>Named Insured(s)</b> Leonard Sanchez Margarita Hernandez (626)797-8181 LENNYSANCHEZ@GMAIL.COM 1065 CHEVRON CT PASADENA, CA 91103	<b>Premiums / Fees</b> <table border="0"> <tr> <td>Full Term Policy Premium</td> <td>\$800.00</td> </tr> <tr> <td>Fees*</td> <td>\$2.64</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$802.64</b></td> </tr> </table> <p style="text-align: right;"><b>Monthly Charge</b> <b>\$133.33</b></p> <p style="text-align: right; font-size: small;">* See information on additional fees below</p>	Full Term Policy Premium	\$800.00	Fees*	\$2.64	<b>Total</b>	<b>\$802.64</b>
Full Term Policy Premium	\$800.00							
Fees*	\$2.64							
<b>Total</b>	<b>\$802.64</b>							

## Household Driver and Resident Information

Are there persons 15 years of age or older not listed below who reside in your household (even if temporarily away from home), or who are guests staying in your home in excess of 90 days, or who regularly operate your vehicle(s) listed below more than 30 days per year? If so, please contact us or update your policy in the self-service portal to add these drivers to your policy.

Name	Years Licensed	Driver Status
Leonard Sanchez	55	Covered
Maria Orellana Sanchez	2	Excluded
Lenny Sanchez	23	Excluded

Name	Years Licensed	Driver Status
Maria Sanchez	20	Covered
Margarita Hernandez	44	Covered

## Driver History

Operator	Claim	Citation	Date
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## Discounts

Discount Type	Applies to Vehicle(s)
Affinity Discount	3,2,1
Superior Driver Discount	3,2,1

Discount Type	Applies to Vehicle(s)
Good Driver Discount	3,2,1
Multi-Car Discount	3,2,1

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# Auto Insurance Declarations Page

## Vehicle Information

Veh. #	Year/Make/Model/VIN	Garaging Zip	Lienholder	Additional Interest
1	2003 TOYOTA SIENNA/ 4T3ZF13C53U541515	91103		
2	2013 TOYOTA COROLLA SEDAN/ 5YFBU4EE4DP202540	91103	CALIFORNIA CU PO BOX 5131 LAKE FOREST, CA 92630	
3	2006 HONDA CR-V/ JHLRD78866CO63273	91103		

Veh. #	Use	Mileage
1	Pleasure	6,000
2	Pleasure	6,000
3	Pleasure	8,000

2/b

030860000000126



LEONARD SANCHEZ  
1065 CHEVRON CT  
PASADENA, CA, 91103

## Auto Insurance Renewal Billing Statement

**Policy Period:**

02/10/2024 12:00AM - 08/10/2024 12:00AM

LEONARD, this billing statement includes premium due for an upcoming policy renewal. Please refer to the renewal offer to learn more about any coverage or premium changes that take effect with your new policy term.

Policy Number:	TCMKH3HGUP
Minimum Due:	\$206.64
Policy Premium:	\$802.64
Due Date:	02/10/2024

The first payment for your renewal period will be \$206.64 due on 02/10/2024. The total premium due for your policy over the next six months is \$802.64.

**Save time and money!** Visit us at **toggle.com** to make a payment or enroll in autopay.  
Please detach here and return with your payment

Make checks payable to 21st Century Casualty Company. Please allow for 7-10 days for mailing.

Customer Name	Policy Number
LEONARD SANCHEZ	TCMKH3HGUP

Amount Due	Due Date	Amount Paid
\$206.64	02/10/2024	\$

21st CENTURY CASUALTY COMPANY  
P.O BOX 894722  
LOS ANGELES CA 90189-4722

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7201662402100091100911291960227202102402202400020664000000000

**NAMED INSURED(S)**

Leonard Sanchez  
Margarita Hernandez

**VEHICLE(S)**

**YEAR / MAKE / MODEL**

**VIN**

2003 TOYOTA SIENNA VAN 2WD 4T3ZF13C53U541515  
2013 TOYOTA COROLLA SEDAN 2WD 5YFBU4EE4DP2O254O  
2006 HONDA CR-V SUV 4D 4WD JHLRD78866CO63273

**EFFECTIVE DATE**

08/10/2024

**EXPIRATION DATE**

08/10/2024

[www.gettoggle.com](http://www.gettoggle.com)

**UNDERWRITTEN BY**

1st Century Casualty Company

1 Beaver Valley Road

Wilmington, DE 19803 NAIC #36404

For Roadside Assistance log in to your account and click on "Get roadside assistance".

Report a claim at [www.gettoggle.com](http://www.gettoggle.com)

**At the scene of an accident:**

1. Obtain the following:

-Name, address, and phone number of each driver, passenger, and witness. Obtain a driver's license number for each driver.

-License plate number, insurance company, and policy number of each involved vehicle.

-Photos of vehicle damage and accident scene.

2. Report the accident to the proper authorities.

3. Do not admit fault. An investigation may later reveal you were not responsible for the accident.

**Need help?**

Contact us via our website at [www.gettoggle.com](http://www.gettoggle.com)

KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.

THIS POLICY MEETS STATE MINIMUM COVERAGES REQUIRED BY LAW IN SECTION 16056.

TOG-AUT-CA04 1-22 TA

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# Policy Notices

## Attention California Policyholders

California insureds may make a written request to their insurer to designate one person, in addition to the policyholder, to receive notice of lapse, termination, expiration, nonrenewal, or cancellation of a policy for nonpayment of premium. If a notice of lapse, termination, expiration, nonrenewal, or cancellation of a policy for nonpayment of premium is sent to the named insured, the person designated by the named insured will also receive a copy of that notice.

If you want to name a third-party as the designee to receive copies of notices of lapse,

termination, expiration, nonrenewal or cancellation of your policy, in addition to you, please go to [gettogggle.com](http://gettogggle.com) and provide the following designee's information:

- Designee name
- Email Address
- Street Address, City, State and Zip

If we do not receive this information within thirty (30) days, we will assume you have declined to exercise the option to have a designee receive these notices.

## Renewal Mileage Notice

The state of California requires that insurance companies provide you with the annual mileage used for rating your current policy and the annual mileage that will be used to rate your upcoming policy renewal.

Annual mileage is an estimate based on odometer information from third party sources or provided directly from you. If there is a difference between the Prior Annual Mileage and the Renewal Annual Mileage listed below, you may see a change in your renewal premium.

If you were sent a request for updated odometer information and you did not respond, the annual mileage for your vehicle(s) may be increased to the lesser of up to three mileage bands or the mileage default of 12,000. The use of this default may have impacted your renewal premium.

Please take note of the following Prior and Renewal Annual mileage figures below. These are the miles used in the rating of your policy.

Year/Make/Model	VIN	PRIOR ANNUAL MILEAGE	RENEWAL ANNUAL MILEAGE
2003 TOYOTA SIENNA	4T3ZF13C53U541515	6000	6000
2013 TOYOTA COROLLA SEDAN	5YFBU4EE4DP202540	6000	6000
2006 HONDA CR-V	JHLRD78866CO63273	8000	8000

If the updated Renewal Annual Mileage shown above is an accurate reflection of the estimated annual mileage that you expect each vehicle to be driven over the next year, no further action is needed.

If you need to correct the annual mileage information or if your mileage has changed, please contact us or visit [gettogggle.com](http://gettogggle.com).

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# Auto Insurance Declarations Page



## Coverage Information

Coverage only applies to vehicles showing premium or 'Included'

Coverage	Limits	Premiums by Vehicle		
		#1	#2	#3
Protect Your Assets				
Bodily Injury Liability	\$25,000 each person \$50,000 each accident	\$147	\$81	\$99
Property Damage Liability	\$25,000 each accident	\$57	\$65	\$81
Protect Your Vehicle				
Comprehensive	Actual Cash Value Less Deductible	-	\$1,000 Ded \$24	-
Collision	Actual Cash Value Less Deductible	-	\$1,000 Ded \$128	-
Uninsured Motorist Property Damage with Collision	Actual Cash Value	-	\$6	-
Uninsured Motorist Property Damage	\$3,500 each accident	\$0 Ded \$6	-	\$0 Ded \$7
Roadside Assistance	\$75 each disablement	Included	Included	Included
Rental Reimbursement		-	-	-
Additional Equipment	Limit is \$1,000 unless another limit is specified	-	Included	-
Protect You & Your Loved Ones				
Medical Payments	\$1,000 each person	\$4	\$4	\$6
Uninsured Motorist Bodily Injury	\$15,000 each person \$30,000 each accident	\$23	\$24	\$38
Total Premium Per Vehicle		\$237	\$332	\$231

## Policy and Endorsements

This section lists the policy form number and any applicable endorsements that make up your insurance contract: TOG-AUT-CA62 1-22 TA; TOG-AUT-CA60 1-22 TA; TOG-AUT-CA50 1-22 TA; TOG-AUT-CA54 1-22 TA

## Fee Information

The "Fees" stated in the "Premium/Fees" section on the front apply on a per-policy, not an account basis. Your policy may include a fraud assessment fee of \$0.88 per vehicle per six months and may be subject to a \$5.00 late fee if your premium payment is not received on time. The following fee(s) may also apply: \$50 cancellation fee, \$4 installment plan fee, \$10 returned payment fee. Fees may be deemed a part of the premium under applicable state law.

  
Authorized Company Representative